U.S. Peters and Trademer's Office; U.S. DEPARTMENT OF COMMERCE

The Paperson Reduction Act of 1995, no persons are required to respond to a collection of information unless a displaye a valid CMB control number. Application of Doctor Humber Substitute for Form PTO-875 Effective December 8. 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUNBER EXTRA BASIC FEE RATE (T) DI CER I IGH (N) O (C) FEE (I) BATE (S) N/A SEARCH FEE FEE (8) NA 150.00 (37 CFR 1 16(b) H. or [m] NIA 300.00 N/A NA NA EXAMINATION FEE \$250 (37 CFR 1 16(q) (p) or (q)) NA NA \$500 NA TOTAL CLARAS NA \$100 137.CFR 1 16(4) NIA \$200 minus 20 . INDEPENDENT CLAIMS X\$ 25 X\$50 (37 CFR 1 16(N) Minns 3 X100 if the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$126 for small entity) for each 107 OFR 1 15(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1) +180= +360= If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): OTHER THAN SMALL ENTITY CLAIMS OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER AMENDMENT RATE (\$) PREVIOUSLY EXTRA ADDI-**AMENDMENT** RATE(\$) PAID FOR TIONAL ADDI. Total FEE (S) TIONAL Maus FEE (1) X\$ 25 OF CHR LIGAN X\$50 Minus OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DF CFR 1.14@) +160= +360= OR TOTAL TOTAL ADD'L FEE (Column 1) EX ANDY (Column 2) OR ADO'L FEE (Column 3) CLAIMS HIGHEST 0 REMAINING NUMBER PRESENT MENDMENT AFTER. RATE (\$) PREVIOUSLY ADDI-VENOMENT EXTRA RATE (8) PAID FOR ADOI-TIONAL Total Grofe Light Mirus TIONAL FEE (I) FEE (1) X\$ 25 COTOTE & HEAD 4 Minus X\$50 OR X100 Application Size Fee (37 CFR 1.16(8)) X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180a +360= OR TOTAL ' • If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". TOTAL ADD'L FEE OR ADO'L FEE The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1

s collection of information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to file (and by the PTO to piocess) an application. Confidentially is povemed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Periant 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450: DO NOT SEND FEES OR COMPLETED FORMS TO THIS